

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046451

1. Entity Name

BIG COPPITT CHIROPRACTIC CLINIC, P.A.

Principal Place of Business

625 US HWY ONE STE 106  
KEY WEST FL 33040

Mailing Address

625 US HWY ONE STE 106  
KEY WEST FL 33040-5608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BARRETT, PAUL F  
625 US HWY ONE STE 106  
KEY WEST FL 33040

4. FEI Number

65-0760289

Applied For  
Not Applied

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00-May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete

NAME BARRETT, PAUL F  
STREET ADDRESS 625 US HWY ONE STE 106  
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Delete

NAME BARRETT, PAUL F  
STREET ADDRESS 625 US HWY ONE STE 106  
CITY-ST-ZIP KEY WEST FL 33040

TITLE S ☐ Delete

NAME BARRETT, SUSAN L  
STREET ADDRESS 625 US HWY ONE - SUITE 106  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00

305-296-1636

FILED  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90098 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE